

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63722** (5)

1. Corporation Name

DIAGNOSTIC ACCESS IMAGING, INC.



Principal Place of Business

**12995 S. CLEVELAND SUITE 182
FT MYERS FL 33907**

Mailing Address

**12995 S. CLEVELAND SUITE 182
FT MYERS FL 33907**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/27/1992

3a. Date of Last Report

02/24/1995

4. FEI Number

59-3139353

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**MURPHY, FRANK P.
800 LAUREL OAK DRIVE
SUITE 301
NAPLES FL 33963**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ DELETE
**WOODBURN, RONALD L.
6016 LAKE GRASMERE WAY
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ DELETE
**WOODBURN, MARTHA H.
6016 LAKE GRASMERE WAY
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ DELETE
**HANSEN, FREDERICK R.
13156 TALL PINE CIR
FT MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ DELETE
**FERRELL, SAM JR.
432 HERRON ROAD
N. FT. MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**12995 S. CLEVELAND AVE
SUITE 182
FORT MYERS, FL 33907**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**13156 TALL PINE CIR.
FORT MYERS, FL 33907**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

8/3-936 3332

CR2E034 (12/95)